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EMPLOYEE	NAME:						_								
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								Total Hours							
Note: HW = Indicate ann			ave (SL) Ho	bliday (H) hours	s in ap	propria	te column							
Employee Signature					-	Supe	ervisor	Signature			_				

This sheet must be signed and submitted to Mary Jo Brady, Research Office, Room B4270 no later than 4 pm on the last day of the pay-period (15th of each month).